

# The Saga of USS Kidd: A Look Back at the Historic Deployment of Jacksonville's Rapid Response Team

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In April 2020, the Naval Hospital Jacksonville deployed a special diagnostic unit to the guided missile destroyer USS Kidd (DDG-100), then in the throes of a shipboard outbreak. The team—comprised of two medical officers and five corpsmen—was referred to as the “Rapid Response Team,” and for good reason. Within a mere three hours this team was both conceived, assembled and deployed on a mission to conduct COVID-19 diagnostic testing at sea. To date it is the only deployment of this type of platform in the history of the Navy.



## A Call to Assistance:

On the morning of April 23, 2020, Comdr. Michael Kaplan was starting his day as the Director of Medical Services at Naval Hospital Jacksonville when his commanding officer, Capt. Matthew Case, alerted him of an outbreak aboard USS Kidd, then conducting counter-narcotic operations with the 4th Fleet.

“He came into my office and said ‘I need you to assemble a team to go to the ship. We’ll need an internist, a prevmed doctor, and we’ll need some corpsmen,’” Kaplan related.

At this point the hospital had already been tagged for activating its Expeditionary Medical Facility (EMF)-Mike and deploying personnel to hard hit communities in Baton Rouge, Dallas, New Orleans, New York, and Stamford. And there was still great uncertainty on the immediate impact of COVID-19 on Naval Hospital Jacksonville and its community.

An allergist by trade, Kaplan volunteered to go knowing that if COVID-19 became an issue in Jacksonville in the ensuing days the other internist—who was also a critical care physician—should remain at the hospital.

The next member of team was the Public Health Emergency Officer (PHEO), Lieutenant Commander Clifton Wilcox. It could be argued that although an unchartered mission, in many respects it was par for the course for an already eclectic career. Prior to entering Navy Medicine, Wilcox had been a Navy intelligence officer and aviator, and even worked as a commercial airline pilot before going to medical school. Since 2018, he was serving as Jacksonville’s occupational department head and PHEO for Navy Region Southeast. And since a preventive medicine officer was not available, his experiences as a PHEO proved applicable and needed for the mission.

Next came the hospital corpsmen. Preventive medicine technicians HM3 Brian Krawsczyn, HM2 Derrick Hudson, HM1 Jason Turgeon, laboratory technician Joseph Kim and general duty Corpsman HN Louis Moyer each volunteered to support a mission where the questions outweighed the answers and the severity of the outbreak was still to be determined.

By 1230—after readying their belongings, securing PPE, collecting guidance on shipboard outbreaks and just hours after being alerted about the mission—the team was ready to go. The CO and the XO drove them and their equipment—including an Abbott ID NOW diagnostic machine—to the airfield where a P-8 Poseidon was waiting them.

## Weathering the Storm:

HMC Clint Barton had been a veteran of the U.S. Navy since June 2001. As a native of the landlocked town of Edgewood, Texas, the Navy was not necessarily a destination point for him growing up. But like many sailors it was a chance encounter with a Navy recruiter and a yearning to “see the world” that brought him into the sea service.

After boot camp, Hospital Corps “A” School, and working Full Time Support (FTS) in the Navy Reserves, Barton made the decision to become an Independent Duty Corpsman (IDC). Called the “pinnacle of the Navy Hospital Corps,” IDCs have played vital roles in the operational Navy since 1909, when first advanced corpsmen were employed aboard torpedo destroyers.

As Kidd’s IDC, Barton was the point person for all medical issues aboard the ship. His medical complement included two junior corpsmen (aka, “baby docs”) who he described as “stellar” and “hardworking.” A typical day for an Chief Barton prior to COVID-19 included morning sick call, supervising air, water, food and habitability standards, supervising the baby docs, answering technical questions and, of course, a lot of administrative work.

Prior to April 2020, things for Barton and his junior corpsmen were, as he put it, “smooth sailing.” The biggest medical issues were cases of a lingering cellulitis and a peritonsillar abscess. But life aboard Kidd—and across the world—began to change in 2020.

In January, Kidd left its home base of Everett, Washington, just as the first COVID-19 cases began appearing in the state. At sea, Barton kept apprised of the situation through his Force Surgeons and knew that the ship needed to stay on top of the public health issue.

The ship stopped in Hawaii for some quick repairs, to refuel, and get food stores before taking off south. While there Barton heard about that Hawaii’s first cases of COVID. The ship restricted liberty to the base and the crew also began putting in extra cleaning time to sanitize the ship. Before leaving Hawaii Barton secured several gallons of high-strength bleach. “I would dilute and pass out to the crew so they could sanitize their spaces,” said Barton. “And the last half of that clampdown was simply for bleaching everything—all the door knobs, all of the keyboards, the walls and places people touch when they’re moving through passageways.”

On April 13th, a couple sailors came into the sickbay complaining of nausea, mild fever, but nothing too specific. “The guidance at the time told me that they needed to have fever and a number of these respiratory symptoms for me to suspect that it’s COVID, but they didn’t have that,” said Barton.

A week later Barton received new guidance from the 4th Fleet Surgeon that changed the outlook for these cases.

“I immediately went to the XO and said, ‘Sir, you got to read the new guidance. We’re going to have to report suspected cases’—of what they were calling, ‘ILIs’—influenza-like-illness patients,” Barton recalled. “At the time there was no test for it. Now any case of the sniffles, any case of a headache, or nausea—all of which is quite normal at sea was getting reported up the chain.

“I was just hoping we would remain under the radar and that this wasn’t going to get us, but obviously I was horribly wrong,” said Barton. “I knew when that guidance came out on the 20th that my luck had run out, more or less.”

One of the sailors who had come to the sickbay on April 13th had not improved and Barton decided that he needed to be MEDEVAC’d off. The Kidd steamed north 500 miles from where they were operating to get within range to fly him off and ultimately send him to San Antonio. Word soon after reached the ship that the sailor tested positive for COVID-19.

For Barton, this moment was both a blessing and a curse. On one hand he now knew his adversary.

“Now I’ve got several people on my radar now that I’ve got to worry about,” said Barton. “He’s been sick for about a week and we weren’t isolated because that was what the guidance was saying at the time. But now I now have 80 people in that berthing room that have been exposed to it.”

Anyone who has served aboard a destroyer like Kidd can tell you that is not an environment made for isolation. And keeping “six feet” away from other sailors down narrow passageways and compartments is an impossibility. But that was what Barton now faced.

He credits having conducted an isolation drill months earlier as proving beneficial for putting practice into play. They began isolating suspected cases into a berthing area that could accommodate up to 88 individuals.

“We had to figure out who was sick from Berthing One, designate one side to be the quarantine side and the other side to be the clean side,” related Barton. “We had to partition off the berthing so that people could live there and not get each other sick. The chief problem with this was the ship’s Autonomous Collective Protection System (ACPS) which keeps the environment positively pressured and prevents any external airborne contaminant from infecting the crew. Unfortunately, what contaminant is inside stays inside.”

Barton had to continue keeping watch, control the infection, place suspected cases in quarantine, monitor those in quarantine and somehow ensure that the ship would not be taken out of the fight.

The Abbott, the Rapid Response Team and Makin Island:

After a 3-hour flight to an airfield El Salvador, Kaplan and his team embarked on a SH-60 Sea Hawk helicopter that took them to the Kidd.

Aboard the ship they were greeted by Chief Barton who gave them a run-down, a quick tour and introduced them to the ship’s CO, XO and CMC. They learned that 30 to 40 sailors had been placed in quarantine over the previous days with an assortment of gastrointestinal and pulmonary symptoms.

“It was very surreal,” Wilcox recalled. “We arrived aboard the Kidd. Everywhere you look people had masks on. My first impression was people were on edge.”

The Rapid Response Team (RRT) set up the Abbott diagnostic machine in a forward battle station measuring 12 x 12 feet. That evening they began testing the sailors in quarantine before testing all other crewmembers. Within their first 24-hours aboard the RRT tested 25 percent of the ship.

Ultimately, about a third of the crew (close to 100) tested positive. About 50 percent were asymptomatic.

When the RRT was not testing the crew they worked with Chief Barton to help mitigate the spread of infection and implemented several sanitary practices such increasing the frequency of cleaning common areas and mandating the use of hand washing or sanitizer prior to entering those areas.

Two days into their mission the Kidd rendezvoused with USS Makin Island (LHD-8) to MEDVAC the most acute cases on board.

“I think we had realized that we were going to rendezvous with the Makin Island on the night of the 25th which was technically early Sunday the 26th, and that was about the soonest we were going to start to see people really become acute,” said Kaplan. “When the Makin Island came within helicopter range, we started flying the individuals off ship, and I think ultimately about 15 individuals went over, and then their IDC came over and was basically told that he was going to ride [the] ship with us all the way back into San Diego.”

Before Kidd rendezvoused with the Makin Island, Wilcox went to check on the more severe cases.

“For the first time in a long time I was completely gowned up, went down and borrowed one of their

stethoscopes,” said Wilcox. “I looked at about a half a dozen individuals that the IDC had said were the most acute. I listened to their lungs, I did my own pulse ox, and some of them definitely had a crackle sound in their lungs which is very unusual to see that in young, healthy men and women. But none of them had pulse ox below 98, and it’s really the pulse ox that you follow because there’s something called ‘silent hypoxia’ and it’s pretty common with coronavirus.”

Wilcox let them know that the big Navy was flying people out to make sure everything’s okay and that they weren’t being forgotten. With heavy plastic sheeting in multiple areas, the Tyvek suits and the fact it was dark aboard the ship except for red lights Wilcox later commented that it looked like a scene out of the film *Alien*.

Senior Chief Todd Burkholder, Makin Island’s IDC, reported aboard Kidd on the morning of the 26th. As he later related, “They had already had one of their corpsman go down positive and the IDC was overwhelmed and they needed help.” Owing to his experiences aboard a destroyer and having knowledge of the layout, Makin Island’s CO tasked Burkholder to help Barton and also decide who needed to be MEDEVAC’d off.

Burkholder met with the beleaguered Barton who introduced him to the ship’s CO and then took him to medical. “He was so tired, I could tell that he hadn’t slept in at least a day or two,” recalled Burkholder. “He said, ‘I’m at 26 positives now and more coming and I’ve got 44 sick.’ So they were still testing, but that’s how fast it was happening.”

Burkholder identified 15 in quarantine that needed to get MEDEVAC’d. “They had co-morbidities in almost every case that just didn’t jive well for keeping them on the destroyer, especially with the limited medical capability you have,” said Burkholder. “They were also approaching day five to eight, which is the most dangerous period, and that’s when you don’t want them to crash, especially where you don’t have the gear that the Makin Island has. They have the ability to put them on ventilators, and they had the ability to intubate them and keep them under, and we don’t have that ability at all on the LHD.”

Over the next four hours Kidd transported cases to the Makin Island two by two. Burkholder remained aboard the ship helping Barton and the RRT in caring for the remaining cases until arriving in San Diego.

“It was a hellacious three or four day period where neither one of us slept at all,” recalled Burkholder. “It was one big blur of energy drinks, no sleep, and emails.”

Before reaching San Diego on April 28th, the RRT re-tested 100 percent of the crew with the Abbott machine.

On shore, they were met Medical Readiness Division for Commander, Naval Surface Forces Pacific and the Naval Environmental Preventive Medicine Unit No. 5 (NEPMU-5). “We were then put through the quarantine process along with the entire ship when we arrived,” remembered Wilcox. “We went through tents and they swabbed us and we also all had our blood drawn for antibodies before being placed in quarantine for two weeks.”

In looking back at their experiences, Kaplan, Wilcox and Burkholder all commend the quick thinking of Chief Barton in isolating suspected cases of COVID-19 and preventing what could have been a more devastating outbreak.

Barton downplays his role and lauds the work of the entire crew, all of whom were eager to do their part to help out their shipmates and fill in where needed. He also received direct support from two sonar technicians, a personnel specialist, an electronics technician and a gunner’s mate seaman who did everything from check on patients to helping to transcribe medical care forms into spreadsheets used for reporting.

One year later, the story of the USS Kidd outbreak remains one of resilience and defying the odds. Despite ever-evolving guidance and the (then) many unknowns about transmission, Navy personnel hunkered down and applied their training, quick thinking and utilized the best tools available to limit the spread, conduct advanced testing in a less-than ideal environment, all while ensuring those requiring additional care received it as quickly as possible.

Remarkably, just over a month after coming into port, USS Kidd was back at sea.

#### Sources.

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Burkholder, Todd (Oral History conducted by A.B. Sobocinski on 2 July 2020). BUMED Oral History Collection.

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